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ORIGINAL DEPARTMENT.

Communications.

TETANUS FROM GUN-SHOT WOUND OF THE FINGER.

By W. P. MOON, M.D.,

Of Philadelphia,

Late Executive Officer of Mower U. S. A. Hospital, Chestnut Hill, Phila.

This case is presented not only on account of the general interest which attaches to that fearful malady tetanus, but also owing to the sudden and unexplained, and to me unexplainable singular death of the patient. It occurred while I was surgeon in charge of St. Joseph's Hospital, and I have always regretted our inability to obtain a post-mortem in the case, as it is possible some light might have been thrown upon the subject.

Chauncey, E., private, Co. D, 2d Wisconsin volunteers, was admitted to St. Joseph's U. S. A. Hospital, Sept. 4th, 1862, for gun-shot wound of index finger, right hand, received at Bull Run, August 30th, 1862.

Minnie ball passed through, below the head of second phalanx, shattering the bone, and, it was thought, not involving the joint, but it was found afterward that the fracture involved the joint also.

The finger was placed upon a straight splint, and cold water dressing applied. No constitutional treatment required.

Sept. 15th. Wound healing kindly. Simple cerate substituted for cold water dressing. Patient up and about the grounds.

Oct. 16th, or forty-seven days after the receipt of the injury, without any change in the appearance of the wound, which was nearly closed, the patient was suddenly seized with a chill, which was followed in a few minutes with violent tetanus, with jaws "locked," and excessive opisthotonos.

There was no apparent inflammation of the finger, and no bony union had taken place.

Pulse full and strong, 80 beats; bowels constipated; mind wandering, and pain of back and

head excruciating. Upon investigation I found the patient had lain exposed to the draught, between a window and door, for some nights.

Large doses of colocynth extract and jalap were given, followed by an infusion of senna, during an intermission of the paroxysms, producing free catharsis. Sol. morph. sulph., f.ʒj., followed by f.ʒss. doses every four hours. Beef tea and milk punch, ad libitum.

Oct. 18th. Some improvement, patient having gained some sleep during the night. At 3 o'clock, P. M., perspired freely for an hour. Continued anodynes.

Oct. 19th. Spasms again occurring, chloroform was administered, by inhalation, in the proportion of one-third chloroform to two-thirds sulph. ether, which relieved the patient. Gave f.ʒj. each, ext. valerian. fluid. and tinct. assafet., with f.ʒss. liq. morph. sulph., every two hours.

Oct. 20th. Has had no attack of opisthotonos for twelve hours, and can open the mouth three-fourths of an inch without much effort. Continued valerian, assafetida, and sol. morph. every three hours, for three days, with little change. Pulse remaining strong and full, at 70 to 80.

Oct. 22d. Patient not so well; spasms returning. Pulse 70, but much weaker. Applied a blister to nape of neck, to be dressed with ext. belladonna, hoping to produce its anodyne effects.

The anæsthetic effects of the chloroform was continued as the spasms recurred, as this alone would control them. From ʒx. to ʒxx. were inhaled daily for three days. Discontinued anti-spasmodics and morphia.

24th. Evident improvement, patient taking more nourishment, and having fewer spasms.

26th. Eleventh day from the attack, profuse perspiration, lasting three hours. Diarrhoea, instead of constipation, set in, requiring injections of tinct. opii to control it. Spasms quite infrequent and less marked, requiring very little chloroform, and a general improvement took place. The day following the chloroform was discontinued, and used no more.

28th. Continued improvement; patient being able to open his mouth, protrude the tongue, take food, and is sensible to all going on about him, and seems in a fair way for recovery.

30th. Up and walking about the room; still improving.

31st. Toward evening complained of feeling tired and unwell, but no particular symptoms of complications appeared, except that the following morning a fine rash like urticaria came out on the body.

Nov. 2d. At 5, P. M., complained of great oppression in the head; became flushed and delirious; heart's action rapid and fluttering, and at 7½, P. M., the pulsations ceased suddenly, and patient died, like one suffering from an apoplectic fit. No reaction could be produced. No signs of tetanus were visible in his last hours, and as no post-mortem would be allowed by his friends, the real cause of his death could not be determined.

From evidence afterwards gained, it was considered nearly certain that the wound was self-induced, by having a comrade shoot at the finger.

There were two others in the hospital at this time, who had injured their own hands while a battle was raging, and then fell back, as if wounded by the enemy.

TREATMENT OF ULCERS OF THE EXTREMITIES ON DR. BARNARD HOLT'S PLAN, IMPROVED OR SIMPLIFIED TO SUIT COUNTRY PRACTICE.

By F. L. KEYES, M. D.,

Of Jerseyville, Canada West.

In treating ulcers on the legs in the country, I was continually annoyed by the appearance of red desquamative spots or papules, on which small vesicles would arise and pustulate; this somewhat prolonged the cure. The cause probably was owing to too great haste in the patient to get well; the preparatory means being ignored; together with a subacute inflammation and irritability of the cuticle; to which we may add the unruliness of such a class of patients. They must attend to their daily avocations, and see that all is going on right, cure or no cure.

To meet the above difficulties, I use a piece of oil-silk, which extends a little beyond the glassy looking cuticle in the locality of the ulcer, and dispense with the plaster at its margin, apply the oil-silk immediately over the ulcer, put on straps of adhesive plaster, three-quarters of an inch wide on the margin of the oil-silk, admitting half the width of the plaster to come in contact with the leg, then apply the collodion. I find this mode of dressing more congenial to the wishes of the rural class of community than confinement indoors, which they dread as much as the disease,

or more. I will give one case to illustrate the difficulty in carrying out even my plan.

Mr. S. M., a carriage maker, called on the 3d of October, 1865. Had received a kick on the shin, about four inches below the knee, from a colt, two weeks previously. Leg somewhat swollen and painful; the cut transverse, an inch and a half long, and gaping; a small sphacelus at the bottom. Had not laid by on account of the injury. Said he wished me to do something for him. Could not think of being idle, must attend to his business.

Treatment. Put two drops of bals. copaiba into the ulcer, and applied the dressing as described above.

7th. Called again. The dressing completely displaced; ulcer discharging matter, somewhat fetid. No improvement. Dressing and copaiba continued.

14th. Called again. Sphacelus had separated, otherwise but little improvement. Cicatrices had commenced on the edges. Continued the same dressing, except the copaiba.

25th. Called again. The dressing had been partially displaced for the last three days. Had been quite comfortable, the reason of his not calling sooner. The ulcer was filled with healthy granulations, and from the exposure had scabbed; the redness had faded out; slight soreness now remained; otherwise expressed himself quite well. Same dressing applied. He left, highly gratified with the result.

Furunculus, or Boils.

During the prevalence of scarlatina maligna in this vicinity in 1862-3, many persons were attacked with furunculus of a malignant character, succeeding each other in rapid succession. The usual means of preventing their formation appeared to be of little use. I found that they soon subsided by the use of hydrochlorate of potassa. Query—Would not this remedy answer equally as well in the cure of carbuncle and prevention of the benign species of boils?

The Muscular Sense.

Dr. HUGHES BENNET, Professor of Edinburgh University, lately read a paper before the British Association of Science, wherein he announced that the tendency of modern physiology was to ascribe to man a sixth sense. If there be placed before a man two small tubes, the one of lead and the other of wood, both gilded over to look exactly alike, and both of the same temperature, not one of the five senses could tell the man which is lead and which is wood. He could tell this only by lifting them, and this sense of weight was likely to be recognized as a sixth sense.

Hospital Reports.

PHILADELPHIA HOSPITAL, }

November 8th, 1865. }

MEDICAL CLINIC OF DR. J. L. LUDLOW.

Reported by A. M. Shew, M. D., Resident Physician.

Pathological Specimens.

In the post-mortem examinations which we are daily making in this hospital, there are often found pathological specimens of more than usual interest. It has been my custom heretofore to exhibit before you these specimens of morbid anatomy, contrasting them with healthy structure, in order that you may have a more practical knowledge of the lesions which occur in fatal diseases. The first specimen which I shall present this morning, was taken from a patient whom you have never seen.

Catherine D., æt. 56, single, was admitted to this hospital Oct. 13th, in a state of beastly intoxication. Upon examination, her body exhibited in many places marks of severe usage. From the time of admission to the day of her death, she never spoke a loud word, or swallowed food naturally. Peritonitis and pericarditis were diagnosed, but, owing to her wild delirium, it was impossible to administer remedies with any success. She died Nov. 6th, having been in the house twenty-four days.

Autopsy. Here is the right lung thoroughly congested, while the upper portion is almost—not quite—in a state of hepatization; only a small portion of this lung could have been permeated by air. You will observe upon the apex, several small, circumscribed and well defined ulcers, similar in appearance to ulcers upon the external surface of the body. This is very unusual, and you may never have an opportunity of seeing another specimen so well marked.

Heart. The pericardium presents some evidences of inflammation having existed, though there has been but slight effusion. In the right auricle was found a fatty mass weighing one-half ounce; all the valves normal.

Spleen—small, otherwise healthy.

Liver—normal in size and structure.

Kidney. This is a very good specimen of a healthy kidney. The line of demarcation, and the difference between the two structures, very evident.

Uterus. The cavity has been opened, and you will observe two bodies, one and a half inches in length, hanging out into the vagina; how long these may have existed it is impossible to tell. The mental condition of the patient was such during the time she was in the hospital, that our attention was not directed to these polypi until after death. The operation for removing polypi of the uterus is performed quite frequently, and with temporary success. There seems to be a tendency in nearly all, except the fibrous class, to grow after having been removed. These which I here ex-

hibit belong to the class of soft polypi. In their growth they are the cause of more or less inflammation of the lining membrane of the uterus, and a constant stillitidium, which is a source of annoyance and fear to the delicate patient. In these cases I have often used an injection of persulphate of iron, two drachms to three ounces of water, with very gratifying results. A long female catheter, and a small, hard rubber syringe, are all the instruments necessary.

The operation for removing soft polypi may be followed by considerable hæmorrhage, unless great care is observed.

CASE 2. This pathological specimen was also removed from a patient who was never before the class. It consists, as you will observe, of a portion of the ileum, which has been folded upon itself, and while in that condition, glued together by bands of lymph, in such a manner as to form a complete obstruction to the passage of the feces.

This patient, Barnard D., æt. 60, was admitted to the medical wards only two days before his death. He had been somewhat unwell for about three weeks, but was able to attend to his usual duties until Saturday, Oct. 28th, when he was seized with a chill, followed by hiccough, which steadily increased. During this time his tongue was black and dry, pulse quick but feeble; no stercoraceous vomiting. Autopsy revealed a healthy condition of all the viscera, except at the commencement of the ileum, which was twisted upon itself, glued together, and in a gangrenous condition.

Complete occlusion of the bowel may occur from different causes. I remember a case which came under my observation several years ago. The patient was brought to my office complaining of constant pain in the right iliac fossa. Upon inquiry it was ascertained that some time previous he had received a blow on the right side, while running with an engine to a fire. Subsequently typhoid fever set in, from which he was convalescent, when one morning his partner in business called to consult him in regard to some important transaction; the excitement was more than he could bear. A few hours later I found him enormously distended, pulse feeble, extremities cold, and stercoraceous vomiting. Upon examination post-mortem we found the gut twisted upon itself, and bound down by strong bands of adhesion, forming a complete occlusion.

Typhus Fever.

Wm. Y., æt. 26, is an old acquaintance of ours, yet I doubt if any of you will recognize in this man the severe case of typhus fever which I had before you on the day of our second clinic. At that time his skin was hot and dry, pulse quick but feeble, eyes suffused, sordes about the teeth and gums, great dulness, stupor and prostration of the mental faculties, and a peculiar eruption diffused over the whole body. Now you perceive a marked improvement in all his symptoms. There is no fever, pulse less frequent and more volume, skin moist and natural, tongue clean, and he is slowly regaining his mental faculties. You

may notice a number of boils in different parts of the body. Owing to the depravity of the blood in all low forms of fever, there seems to be a tendency to the production of furuncular sores during convalescence. To counteract this, I shall direct the administration of tincture of the chloride of iron. This patient has had a stimulating course of treatment from the commencement.

CASE 2. Joseph S., æt. 24, is another of our convalescent typhus patients. When I had him before you on a previous occasion, there was decided prostration of the nervous system. You may remember at that time he could not even protrude his tongue. The plan of treatment has been similar to that pursued in the last case. I have had these patients before you to-day in a convalescent state, believing that you feel an interest in knowing the result of the treatment pursued in cases that have been before you at a previous clinic.

Medical Societies.

ACADEMY OF MEDICINE, NEW YORK.

Meeting of November 15th, 1865.

The Treatment of Pneumonia.

At the last meeting of the Academy, held Nov. 15th—Dr. ANDERSON in the Chair—the treatment of pneumonia was the subject for discussion.

Dr. BULKLEY opened the debate, by giving a synopsis of the various plans of treatment which have been recommended and were in vogue,—the antiphlogistic method, by copious venesection,—the tartar-emetic treatment, (contrastimulant, RASORI's,)—the mercurial,—the expectant. There were several points of great practical importance in the treatment of pneumonia. One of these, that the disease will get well in its own natural course, if not complicated; and again, that it has two distinct periods, with distinct symptoms and indications of treatment,—the period of high febrile action, and that of hepatization.

There was little to be said regarding the antiphlogistic plan, as it had been practiced by the French, who bled very frequently and copiously. Venesection now is the exception, and he thought that statistics were rather unfavorable to this plan.

The plan of RASORI was to give large and frequent doses of tartar emetic. He had seen this practice carried to such an extent, that a characteristic pustular eruption was produced in the fauces. It had, however, passed away, and if tartar emetic is given now, it is in very small doses. The mercurial plan of treatment has shared a similar fate, and is comparatively little resorted to at the present day. He was himself not in favor of mercury in pneumonia. The true method of treatment was to treat every case according to its own individuality. Give the disease proper time, and many cases will pass through well. Other cases, especially in the first stage, require moderate antiphlogistics, of which the salines are preferable; others demand stimu-

lants; in others still, the use of veratrum viride is indicated and useful. From his own experience he would not recommend venesection; cupping even should generally be dry. Counter irritants, the oil-silk packet,—cotton batting around the chest, are always useful.

Dr. WM. H. DRAPER remarked that no subjects of discussion were so unsatisfactory and resultless as discussions about the treatment of disease, especially those amenable to medical treatment.

There were so many considerations of age, sex, constitution, locality, epidemic influences, and the bias arising from preconceived opinions regarding treatment, that any discussion on the treatment of a particular disease became extremely unsatisfactory, and it is with difficulty that we can arrive at correct conclusions. The numerical method is not yet perfectly understood, and also liable to error.

No subject illustrates this better than pneumonia. Here the extremes, bloodletting and the stimulant or expectant method meet, and between these all shades of treatment are to be found. How are we to distinguish?

Change of type in disease has been invoked to explain the diversity in the practice of to-day and that of former years. But the advocates of this change of type assume a position illogical and opposed to progress. The explanation must be found in the slow and steady progress of our knowledge, in more enlightened views of pathology, in our knowledge that the disease is self-limited, tending toward resolution, and that nature is often competent to carry the patient through without medication. But at the same time it would be erroneous and too extreme to claim for the expectant mode application in all cases.

Two facts have been established by competent observers, (WUNDERLICH and PARKES,) which are of importance, as bearing on the pathology and treatment of pneumonia:

1. The crisis of the pyrexia is reached by the fourth to the sixth day.
2. The commencement of the period of reconvalescence is nearly coincident with the maximum of consolidation.

From these facts it appears that the lesion of pneumonia must be regarded as the result of the pyrexia,—that the pneumonia is secondary to a general morbid state, that blood-poisoning is the first link in the chain, similar to the phenomena of other diseases, such as rheumatism, etc. It is well known that pneumonia forms one of the results of uræmic, and perhaps other toxæmic conditions. Pneumonia, hence, is probably always a disease secondary to blood disease, and the lesions in reality occur in consequence of a restorative process.

Dr. DRAPER briefly reviewed the various methods of treatment. Bloodletting, very early in the disease, under certain circumstances, and in sthenic cases and robust persons only, he regarded as a rational remedy; only, however, in the first stage. He was not an advocate of bloodletting generally in pneumonia. He had seen one patient attacked with pneumonia, superadded to delirium tremens, die in consequence of being bled; another case came near dying.

Regarding tartar emetic, statistics seem to show that the treatment of pneumonia with large doses of this article is unfavorable. Stimulants should not be used in sthenic cases; they may be indicated in the asthenic form. Ammonia had been used with good results; from the experiments of RICHARDSON, it seems that ammonia keeps the fibrine in solution, and in this way may aid in the speedier restoration of the lung to its normal state.

Dr. TRIPLER (Surgeon U. S. A.) was called upon to give his views on the subject. He remarked that when he arrived at the post in Newport, Ky., several years ago, he was informed one morning that a patient had been admitted to the hospital during the night sick with pneumonia, and that the Hospital Steward had bled him. His attention being thus called to the subject, the records were examined and showed that previously all cases of pneumonia had been bled, and nearly all had died. During the winter, while he was in charge of the post, seventeen cases occurred, of which none were bled and all got well. His treatment was mainly that of STOKES—in the formative stage small doses of tartar emetic; dry cups in mild cases, wet cups in severe; hot fomentations over the whole chest. He had given Norwood's tincture of veratrum viride with benefit, in small doses, seldom more than a drop, and watching the patient carefully. During the period of resolution he had resorted to STOKES's treatment of calomel and opium with good effects, diet low, and he rarely employed stimulants.

Prof. A. CLARK remarked that he had been educated in the view that venesection was the remedy in the first stage of pneumonia. A difference should, however, be made between simple venesection and general antiphlogistic treatment. The same treatment is not applicable in all cases—it must vary with the individual. Take pneumonia in an acute form, occurring in patients past ten and not over fifty years, and he was not prepared to say that in this class venesection could be dispensed with. In hospital practice in this city he never used the lancet, because the patients there met with are ill-conditioned; but even here blood-letting in pneumonia is not entirely dispensed with, though restricted to wet cups. The evidence of the past in regard to the good effects of blood-letting in pneumonia is too conclusive to allow us to dispense with it entirely. In the cases recorded by LOUIS, all the symptoms were mitigated at an earlier period in those bled before the fourth day. GRISOLLE obtained the same results in 24 cases, all mild—13 of which were left entirely to nature, and 11 of which were bled in the early stage. All recovered, but those that were not treated at all, were more retracted in convalescence, while in those which had been bled there was an earlier abatement of all symptoms by 3, 5, to 9 days. GRISOLLE's observations extended over 230 cases, and the inferences which he formed are identical with those of LOUIS. The question of mortality can hardly be made a test of the value of one or the other method of treatment in pneumonia, as the observations of no one extend over a sufficiently large number to obtain a correct average.

He would mention a remarkable instance of the effect of loss of blood in cutting short an attack of pneumonia. The case was that of the late Dr. CHEESEMAN. He was, at the time of the attack, 71 years of age. The symptoms of the disease were clear and characteristic. Six or seven leeches had been applied to the chest in the morning. When Dr. CLARK saw him in the evening, he found him lying in bed, perfectly pale, pulse a flutter. Four of the leech-bites had been bleeding all day, the person who applied them having neglected to attend to them. A large quantity of blood had been lost, so much that the coagula could be removed by the double handful. The old gentleman was so far reduced that in attempting to rise to put on a shirt, he fainted. From that moment the pneumonia stopped and did not recur. It was perfectly strangulated. But the patient had to get well of the bleeding.

As he had already remarked, patients in hospital practice are not in a condition to lose much blood. During one season, he treated in hospital 43 cases, of which 3 died; the next autumn, 4 cases occurred, which were somewhat freely bled by cups, and all died, though they did not appear more severe than the previous cases. Better results are obtained in hospital practice by sudorifics, low diet, and no depressants.

Antimonials, thirty years ago, were relied on almost as much as bloodletting. He was not sure that we were right in abandoning them entirely, unless substituted by veratrum or aconite.

Sudorifics are of the greatest value. Warm poultices may be used. But a neater way of obtaining a free and continuous perspiration is by enveloping the chest in cotton batting or flannel, oiled silk over the flannel, and another layer of flannel over the oiled silk. Mercurials, Dr. CLARK has abandoned.

Regarding stimulants, Dr. CLARK does not consider them necessary, unless the patient appears unable to go through the third stage. He feared that in this matter of stimulants the profession was going too far. The practice of stimulating had become fashionable, and, as other fashions, was run to excess. In ordinary cases of pneumonia, stimulants have scarcely a place.

THE VERMONT MEDICAL SOCIETY.

Annual Meeting, October 18—19, 1865.

Reported by L. C. BUTLER, M. D., Essex.

The fifty-first annual session of the Vermont Medical Society was held at Montpelier, October 18—19, 1865,—Dr. O. F. FASSETT, of St. Albans, President, in the chair; Dr. J. S. RICHMOND, of Woodstock, Secretary. The session was opened with prayer, agreeably to the vote of the Society. After the reading of the minutes of the last annual and semi-annual sessions, the President introduced Dr. THOMAS C. BRINSMADE, of Troy, N. Y., as delegate from the New York State Medical Society, who presented his credentials, and in very courteous and eloquent language "conveyed

friendly greetings from the State Medical Society of New York to this Association." President FASSETT responded, inviting Dr. BRINSMADE to participate in the work of the present session.

The following individuals were proposed for membership of the Society, and were duly elected: Drs. B. F. Ketchum, Brattleboro'; S. S. Clark, St. Albans; Almon Clark, Rochester; Azro M. Plant, Milton; N. S. Boyce, Guildhall; G. E. Lane, Williamstown; M. O. Porter, Cornwall; W. H. Rockwell, Brattleboro'; S. N. Bemis, Stamford; O. G. Dyer, Brandon; M. H. Eddy, Middlebury.

Dr. E. F. UPHAM, on behalf of the delegates to Burlington Medical College, made report, that "they were cordially received and courteously treated by the Faculty, and were pleased with the readiness and correctness of the answers given to questions by the Professors, and by ourselves, in the various departments of medicine and surgery, showing that the teachings had been thorough and practical, and the attention on the part of students diligent and profitable.

Dr. McCOLLUM, of Woodstock, presented resolutions on the death of Dr. J. E. SIMONDS, of Saxton's River, which were unanimously adopted, and Dr. H. D. HOLTON was requested to prepare a biographical sketch of the deceased, to be read at the next meeting of the Society.

Reports from the Committee on Epidemics being called for, Dr. L. C. BUTLER responded for Chittenden county, giving some account of an epidemic which had puzzled the physicians of the county greatly, either to diagnose accurately or to cure. He designated it, from its supposed origin, the "*Army Itch*," and suggested a method of treatment which had proved eminently successful. The paper gave rise to considerable discussion, developing various opinions in regard to its nature and treatment, the speakers generally concurring, however, in the view that it was a malady *sui generis*, and not curable by the ordinary remedies for scabies. The paper was referred to the Committee on Publication.

No written reports were received from any other county.

Dr. H. F. STEVENS read a biographical sketch of Dr. N. W. FAIRCHILD, late of Milton, deceased, which was referred to the Committee on Publication.

Dr. LEMUEL RICHMOND, of Derby, reported a very remarkable case of abdominal dropsy, which occurred under his immediate notice. In point of time and quantity of fluid removed, it will perhaps challenge the medical records of the world for a rival. Sixty-eight operations of paracentesis were performed in seventeen months and twelve days, and the fluid removed carefully weighed each period. During this time 2383 lbs. were secreted and drawn off through the canula. The full report of the case will appear in the Transactions.

Dr. McCOLLUM, of Woodstock, read a paper on "Criminal Abortion," which was referred to the publishing Committee.

The subject of defects in the Registration laws of the State was next introduced, upon the report

of a committee appointed at the semi-annual session. The most notorious of those defects, in the opinion of the Committee, was that feature which required District Clerks to make the registry of births and deaths, in the latter case being required to name the disease of which the person died. The only proper persons to make such registration, so as to be of any practical importance, are the attending physicians, just as they are the only individuals to whom the preparation of a registration report, which shall embody statistics of any value to the profession, should be entrusted. The report elicited a lively discussion, which finally resulted in committing the subject to a committee consisting of Drs. BUTLER, NICHOLS, and STEVENS, to report at the next meeting of the Society.

Dr. C. P. FROST, of Brattleboro, presented an elaborate paper, the result of immense labor, embodying medical statistics of great value, derived from the examination of recruits, substitutes, and drafted men in the State of Vermont during the years 1863, '64, and '65. Referred to the Publishing Committee. Dr. FROST also, from the Committee on the Military History of Vermont Regiments, made a verbal report, explaining the difficulty of collecting the necessary facts and data from which to compile such history, and moved, as a means of obviating them, the following resolution: That the late surgeons of Vermont regiments be requested by the Secretary of this Society to furnish such a history of the medical and surgical cases which occurred under their observation while in the United States service, as they have made note of or deem of interest and profit to the Society. And the Society so ordered.

Jaundice.

An interesting discussion then ensued upon the subject of *Jaundice*, which had been alluded to in several verbal reports of the Committee on Epidemics as having been prevalent in some localities.

Dr. RUSS would not attempt to discuss the pathology of the disease, but would only speak of the treatment. He had used mercurials with better success than anything else. All but one of his cases yielded to hyd. cum creta and blue mass. In a long practice, he had never seen the time when mercurials were so often demanded and so well borne as during the past season.

Dr. CHANDLER has had the best success with calomel. He had tried to dispense with mercurials in this disease. Had used salts and senna, but without much benefit to his patients. He had substituted mandrake, but found that it irritated the stomach too much. He gave calomel in ten to fifteen grain doses. Thinks some of his jaundice cases had inflammation of the stomach, and in a few instances this inflammation extended to the bowels also. He uses no tonics, but generally alkalies, followed by calomel.

Dr. SPERRY gave it as his opinion that one-half of the people of Hartford have had or are having this disease. He gives large doses (20 grains) of calomel, followed by Epsom salts and tonics, and his cases ordinarily recovered in a few days. One case continued four weeks. Small

doses of mercurials aggravate, while large doses soothe the patient and cure the disease.

Dr. HOLTON believed the primary cause of jaundice to be the breaking-down of the blood-corpuscles. Thought it singular that it should make its appearance at this season of the year. He treats it with saline cathartics, but thinks his cases may have been milder than those of Doctor SPERRY.

The morning of the second day was devoted to the transaction of business, election of officers, etc. The Nominating Committee presented the following list of officers of the Society and delegates to various medical associations for the year ensuing, who were unanimously elected by the Society.

President—William McCollom, of Woodstock; *Vice-President*—Lemuel Richmond, Derby Line; *Secretary*—L. C. Butler, Essex; *Treasurer and Librarian*—Charles Clark, Montpelier; *Corresponding Secretary and Auditor*—C. B. Chandler, Montpelier; *Executive Committee*—O. F. Fassett, C. P. Frost, C. S. Allen; *Committee on Membership*—Kimball Russ, Benj. Fairchild; *Committee on Printing*—L. C. Butler, J. S. Richmond, A. C. Welch; *Delegates to Burlington Medical College*—Benj. Fairchild, S. Putnam; *Committee to assist in making State Registration Report*—C. L. Allen, H. F. Stevens.

Delegates to New Hampshire Medical Society—J. N. Stiles, H. D. Holton.

Delegates to New York Medical Society—O. F. Fassett, L. C. Butler.

Delegates to Rhode Island Medical Society—J. S. Richmond, Samuel Keith.

Delegates to Maine Medical Society—H. Van Dusen, A. M. Brown.

Delegates to Connecticut Medical Society—A. T. Woodward, G. M. Noble.

Delegates to Massachusetts Medical Society—C. L. Allen, H. F. Stevens.

Delegates to Connecticut River Valley Medical Society—C. W. Brigham, Kimball Russ.

Delegates to American Medical Association—L. C. Butler, J. S. Richmond, C. P. Frost, E. Porter, Wm. M. Huntington, O. G. Dyer, F. F. Hovey, E. N. S. Morgan, John Crowley, A. C. Welch, E. A. Pond, Horace Hatch, Wm. McCollom, E. F. Upham, E. D. Warner.

Dr. BENJ. FAIRCHILD presented a paper on *Morbus Coxiarius*, detailing cases from his own note-book which he had treated successfully with the actual cautery, wooden splint, blisters, and purgatives. The paper was referred to the Publishing Committee.

Resolutions were presented and adopted, earnestly inviting the attention of the Legislature, then in session, to a consideration of the sanitary laws of the State, with a view to make them more efficient, if need be, and pledging the co-operation of the medical profession of the State, in any proper manner, with the officers appointed to carry into effect any sanitary regulations which the Legislature may adopt. A copy of the resolutions was laid before the Legislature, and appropriately noticed.

Dr. KETCHUM read a very interesting paper on *cerebro-spinal meningitis*, embodying the results of his own observation and practice, in a large number of cases of this disease. The paper will appear in the Transactions.

The subject of *sciatica* was then introduced by the President—a case of the disease having been presented before several members of the Society—as a subject for discussion.

Sciatica.

Dr. Russ, of Pomfret—who by the way is a physician of long standing and large experience, always present at the meetings of the Society, and ready to participate in the discussions—treats the disease with blisters to the limb, and sulphur as a laxative, applying turpentine in mild cases.

Dr. PAINE, of Montpelier, gives *veratrum viride* in doses sufficient to control the pain within four hours. Under this treatment his patients recover speedily and permanently. If the patient is constipated, he would use laxatives and purgatives, but he can think of no form of the disease not amenable to *veratrum*. He prepares his own tincture, and gives as a medium dose, 20 drops of the saturated tincture, from the fresh green root, and repeats it as often as the effects pass off; perhaps three times in the twenty-four hours. Has never observed vomiting from the use of this preparation. In a severe attack of *rheumatic fever* upon himself, he took 20 drops of *veratrum* every twenty-four hours, for one and a half weeks, which entirely relieved him of the pain.

Dr. CRANDALL, of Burlington, related a case of *sciatica*, which occurred under his observation, in the hospital at Burlington, which he treated by subcutaneous injections of morphia, with admirable success. The patient speedily recovered, and went to the front.

Dr. FASSETT treats the malady with subcutaneous injections, but merely and only to relieve pain; not as a remedial measure. He prefers this treatment because it relieves the pain sooner than any other remedy or application. Dr. FASSETT detailed a case of a mother who had articular rheumatism for six or seven months previous to her confinement, in which the child was born with limbs perfectly immovable. A few days after birth the limbs were capable of slight motion, but the child evinced severe suffering upon every attempt at motion.

Dr. KETCHUM believed *sciatica* to be a constitutional disease, and hence he would use the subcutaneous injection for a local and temporary purpose only. The acute form of the disease is best treated by *veratrum* and *aconite*; the chronic form by heroic doses of carbonate of iron; say one teaspoonful.

Dr. RUBLEE endorses the idea of its being a constitutional disease; finds the digestive organs at least functionally deranged. His treatment would be similar to that of Dr. KETCHUM.

The semi-annual meeting of the Society is to be held at Brattleboro' on the second Wednesday and Thursday of June, 1866.

The meeting of the Society was largely at-

tended, and its sessions throughout interesting and profitable. The President's address was delivered on the afternoon of the first day, in the Hall of the House of Representatives; was one of the best ever delivered before the Society, and was listened to with attention and interest rarely elicited on similar occasions. The publication of the Transactions of the Society gives new zeal to observation and investigation, affording assurance that the labors of the fraternity in improvement and progress will be appreciated, and rendered serviceable to the common interest.

EDITORIAL DEPARTMENT.

Periscope.

Division of the Pneumogastric Nerve in Man.

Dr. DAVID W. CHEEVER, one of the visiting surgeons of the Boston City Hospital, relates in the *Boston Medical and Surgical Journal*, three cases of cut-throat, in one of which, that of a woman, 39 years of age, whose throat was cut by her husband, and who eventually died, six weeks after the injury, the right pneumogastric nerve was severed. In regard to this lesion, Dr. CHEEVER remarks that the results following the section of the pneumogastric were trivial, when compared with those recorded by physiologists from their experiments on the lower animals. But he wishes it to be borne in mind that in such experiments both pneumogastriacs were divided, while in this case the right only had been severed. It was divided below the point where the superior laryngeal is given off, but, of course, cut off all action of the recurrent laryngeal. Now the more important consequences of the division of both, as recorded by Dr. DALTON, are, 1st. A wheezing and difficult inspiration, produced through the recurrent laryngeals by paralysis of the larynx and falling together of the vocal cords, 2d. A diminished frequency of the movements of respiration, followed by passive engorgement of the lungs. 3d. Digestion is interfered with, and food accumulates in the œsophagus, owing to its paralysis, and is regurgitated. Death takes place from failure of the respiration, which grows gradually slower and slower. After death the lungs are found solidified, but not like ordinary inflammatory hepatization. They are shrunken, leathery, and non-crepitant, of a purple color, and sink in water. In short, they present the appearances of passive congestion, continued for a considerable length of time.

In Dr. CHEEVER's patient, evidences of these changes were carefully looked for. The respiration was noted, and the lungs examined daily by Dr. BUCKINGHAM. No paralysis of the larynx or œsophagus occurred. There was no marked diminution of respiration. But there were evidences of passive congestion of the lung on the injured side, and not on the other. Three days after the injury the pulse was 100, respiration 16.

Expiration was longer than inspiration, with an asthmatic wheeze. Six days later the respiration was 24, and the pulse 124. There was considerable dulness over upper part of right back. The next day respiration 24, pulse 120. Upper two-thirds of right back dull on percussion; bronchial respiration and bronchophony marked. Two days later, these symptoms were passing off, and the air entered the lung more freely. This obstruction was so entirely temporary that after death both lungs were found alike œdematous and adherent to chest, but no other changes existed.

The Rattlesnake Poison.

To ascertain the power and amount of this poison, Dr. DEARING performed the following experiment:

The snake was a very large and vicious one, and very active at the time. He took eight half-grown chickens, and allowed the snake to strike at each, under the wing, as fast as they could be presented to him. The first died immediately; the second, after a few minutes; the third, after ten minutes; the fourth, after more than an hour; the fifth, after twelve hours; the sixth was sick and drooping for several days, but recovered; the seventh was only slightly affected, and the eighth not at all.

With my second remaining specimen, I was desirous of performing several experiments as to the action of this poison on the blood. The following is one:—The snake was quite active, and as any one approached the cage, began to rattle violently; but twenty-five or thirty drops of chloroform being allowed to fall on his head, one slowly after the other, the sound of his rattle gradually died away, and in a few minutes he was wholly under the effects of this agent. He was then adroitly seized behind the jaws with the thumb and forefinger, and dragged from the cage and allowed to partially resuscitate; in this state a second person held his tail to prevent him coiling around the arm of the first, while a third opened his mouth and with a pair of forceps pressed the fang upward, causing a flow of the poison, which was received on the end of a scalpel. The snake was then returned into the cage. Blood was then extracted from a finger for microscopical examination. The smallest quantity of the poison being presented to the blood between the glasses, a change was immediately perceived—the corpuscles ceased to run and pile together, and remained stagnant, without any special alteration of structure; the whole appearance was as though the vitality of the blood had been suddenly destroyed, exactly as in death from lightning. This agrees also with another experiment, performed on a fowl, where the whole mass of the blood appeared quite liquid, and having little coagulable power. The physiological action of this poison on animals is probably that of a most powerful sedative, acting through the blood on the nervous centres. This is shown by the remarkable fact that its full and complete antidotes are the most active stimulants. Of these, alcohol in some shape is the first. (Dr. W. J. BURNETT, before the Boston Natural History Society—*Things not Generally Known and Dental Cosmos*.)

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 25, 1865.

ENLARGEMENT AND INCREASE OF PRICE.

The pressure of literary material on our columns makes it necessary to announce an increase of the size of the MEDICAL AND SURGICAL REPORTER. This increase, together with an improved external appearance, will take place from the first of January next; from which time the subscription price will be Five DOLLARS per annum. The cost of paper and labor seem to be permanently fixed at high rates, and we are compelled to accept the situation, and graduate our subscription rate accordingly. If these expenses lessen, or a liberal support justify it, we shall be enabled to further enlarge the work, or expend more on the literary department, or perhaps do both.

All advance payments made prior to January 1st, 1866, will be credited at the present rate of \$4 per annum. Payments made after that date, will be credited at the rate of \$5.

NEW LITERARY ARRANGEMENTS.

As one of the results of the settlement of our national difficulties, and the return to civil life of some of our old collaborators, we are enabled to announce the consummation of an excellent arrangement by which we shall hereafter maintain a close editorial connection with the city of New York. This arrangement will include, besides editorial observations, regular intelligent reports of the proceedings of the New York Academy of Medicine, the Pathological Society, and correspondence on medical matters in and near the metropolis. We are also endeavoring to secure good clinical reports from that city. These, with the clinical reports from this city and Baltimore, and the reports of the meetings of the Philadelphia County Medical Society, in addition to our ordinary arrangements will enhance materially the value and interest of the REPORTER. These arrangements are *very costly*, but, we doubt not, the profession will sustain our enterprise with such liberality that we shall be enabled to meet the heavy outlay without embarrassment. Aside from our own labor, our present plans will call for a cash outlay of from thirty to fifty dollars a week on the literary department of the REPORTER alone.

"WHERE SHALL I LOCATE?"

We regret to see so many of the volunteer surgeons and assistant surgeons who have been recently mustered out of the military service, settling down in the larger cities and towns of the Northern and Eastern States. Three-fifths of them, after expending all their available means in the effort to establish themselves, will fail, and then be obliged to seek other locations. There are hundreds of excellent locations throughout the West and South, where physicians of educa-

tion and fact can build up a paying practice in cities and towns that are destined before many years to rival any others on the continent in population and wealth. All the indications point to the rapid growth of the West and South in population and wealth, partly at the expense of the population of the Northern and Eastern States. Let our friends turn their attention to these new fields of energy and enterprise betimes, and they will be the gainers by it.

CHANGE OF TYPE.

Either the science of medicine is progressive, or it is not. If we know more about anatomy, chemistry, physiology, and the action of medicine, than did our forefathers, is it not logical to presume that our practice has become more correct, more in accordance with true principles in the exact ratio of our more correct knowledge of the structure of man, the functions of life, the phenomena of disease, and the action of various agents upon the body?

There is a class of men who decry such plain statements of truth as *irreverential* towards our predecessors in medicine, and a quarterly medical Journal in this country quotes a sentence from Dr. STOKES' late address before the British Association, with apparently the utmost satisfaction, when he says: "There is no more decided evidence of an unexpanded mind in our profession, than the decrying of knowledge and usefulness of our predecessors."

We fear that a denial, a constitutional aversion to *acknowledge the errors of the past* are positive signs not only of an unexpanded, but of a *permanently and incurably contracted mind*. Who denies that our forefathers in medicine possessed knowledge and were useful? *Nobody*. It is only claimed that they did not possess an amount of knowledge which enabled them to become as useful as they might have been had they lived fifty or a hundred years later. Will old fogysism forever continue to worship before the shrine of the past and refuse to acknowledge that medical science is progressing? Is it claimed that it was a *change of type* in disease, which induced physicians a hundred years ago to abandon monkeys' excrements, the ashes of burned snakes, and other ridiculous things in the treatment of disease? It might be urged with the same degree of plausibility, as change of type is invoked to justify the wholesale spilling of blood by the lancet in former days. A hundred years hence those who follow us in the practice of the healing art will probably have reason to find fault with *us*. Do we claim infallibility that we put our-

selves up as idols to be worshipped by future generations? O human vanity!

We are glad to see that this dangerous and absurd doctrine of change of type finds very little foothold on this side of the Atlantic, and whenever we find one who denounces those who deny the truth of the change of type doctrine as *irreverent*, we are pretty well convinced that such denunciation originates from that peculiar mental eyesight sometimes found, which sees truth and knowledge only in the past, and is blind to the present.

Notes and Comments.

Cholera.

Doctor ALFRED C. POST has presented to the Council of Hygiene of the New York Citizens Association, a report from which we lay some extracts before our readers, which are interesting, both on account of the matter they contain, and the eminent position occupied by the gentleman from whom the report emanates:

"There is an impression extensively prevailing in the community that the medical profession is to a great degree ignorant of the laws which govern the prevalence of cholera, and of the means by which the disease may be warded off, or by which it may be cured. I regard this impression as being essentially erroneous, as there are no other epidemic diseases which are better understood by the profession, and no others which are more amenable to preventive or curative treatment, when judiciously employed, than the epidemic cholera. There are two factors whose joint agency is essential to the prevalence of this pestilential disease. The first is an epidemic influence which is widely diffused over continents and oceans, and of whose essential nature we are entirely ignorant. But we are acquainted with some of the laws which regulate its progress. We know that it moves with great rapidity, and that it is conveyed along the ordinary channels of commerce and business intercourse by ships, and by moving bodies of men. As to the essential agency by which it is conveyed from place to place we know little or nothing. It is supposed by some physicians to be contagious, while others deny altogether the existence of any contagious property. It certainly does not obey the laws which govern the prevalence of other diseases known to be contagious, and physicians, who are peculiarly liable to be attacked by contagious diseases, are remarkably exempt from attacks of cholera. The epidemic influence, although it is an essential agent in the production of cholera, is not of itself sufficient to produce the disease. A second factor, operating in conjunction with this influence, is absolutely necessary to the production of the disease. This factor may be any local cause vitiating the purity of the atmosphere, and thus undermining the health of the community, or any personal indiscretion, leading to

severe irritation of the alimentary canal. There are many incidents occurring in connection with the prevalence of Asiatic cholera, which show that the epidemic influence is much more widely diffused than the actual prevalence of the disease. Filth and the overcrowding in the dwellings of the poor are the principal causes which cooperate with the epidemic influence in giving malignity to the disease, and in swelling the number of its victims. In towns and villages where these local causes of disease exist, the cholera exerts its destructive power, while the intervening rural districts are in a great measure free from the disease. And yet these rural districts are under the same wide-spread epidemic influence, as shown by the fact that cases of the disease occur here and there, where a solitary farm-house is exposed to the emanations from an open drain or cess-pool, or where it is subjected to the influences which produce intermittent and remittent fevers, or where an individual is guilty of great indiscretions in diet, as in gorging the stomach with sour-kraut and buttermilk. If these local and personal causes of the disease are obviated by strict attention to cleanliness and ventilation; if efficient measures are instituted to secure proper drainage of the soil, and the removal of all sources of noxious emanations, and if the laws of health are generally obeyed throughout the community, the epidemic influence may pass over this continent, but its visitation will be harmless, like that of the destroying angel to the dwellings of the chosen people, whose lintels and door-posts had been sprinkled by the blood of the paschal lamb."

In regard to the plans proposed to limit the "destructive progress of cholera in the midst of the dense masses of the population" of New York, Dr. Post says:

"I would urge the city authorities to whatever can be accomplished by them in purifying and cleansing the streets and yards, the cess-pools and privies of the city, and the dwellings of the poor. I would urge them to remove every nuisance which has a tendency to vitiate the atmosphere of the city, and to increase the ravages of a pestilential disease. But in addition to all that may be done by the public authorities, it is highly important that the citizens should organize a regular system of house-to-house visitation, which should be continued throughout the whole prevalence of the epidemic. For this purpose the city should be divided into districts, each of which should be placed under the care of a visiting physician, who should be responsible for the visitation of every poor family in the district, at least twice every day, while the disease is prevailing. One object of these visits should be to inspect the sanitary condition of every apartment, and of its surroundings, and to give such advice as may be needed with reference to any matters by which the health of the inmates may be improved. Another object should be to ascertain the existence of any cases of diarrhoea, or of the more advanced stages of cholera, and to furnish such advice and remedies as may be needed to check the progress of the disease. If this plan be effectually carried out, I have no doubt that it will exert a most powerful influence in arresting the

progress of the disease, and in diminishing the number of fatal cases. The thirty-one districts into which the city has already been divided by the Council of Hygiene, will form the basis of the system of visitation which I have proposed. I would recommend that the Council of Hygiene be authorized to employ a well-qualified medical man for each of these districts, to be on duty from the beginning to the end of the epidemic. I would also recommend the selection of three assistants to each visiting physician, to aid him in the performance of his duty, wherever the disease shall prevail to such an extent as to render their services necessary. It is quite probable that in some of the districts there will be no occasion for the employment of either of these assistants, and that in others only one or two will be required. But it will be desirable to select the full number, to be prepared for any emergency which may occur, it being understood that the assistants will be compensated only for such time as they shall serve under the direction of the Council of Hygiene, or of the visiting physicians.

"I also recommend that in every district a dispensary shall be established, where persons affected with diarrhoea or cholera may receive advice and remedies at any hour of the day or night. Disinfectants should also be supplied liberally whenever they are needed, and they should be freely applied to privies, cess-pools, drains, gutters, garbage boxes, and all other sources of impurity.

"Receptacles for the bodies of the dead should be provided in different parts of the city, and the bodies should be removed to them at an early period after death.

"Houses of refuge, or tents, should be provided for the temporary accommodation of the occupants of tenement houses, while their own apartments are undergoing purification, when such purifying processes are necessary.

"I would not recommend the establishment of cholera hospitals, as experience has shown that the mortality of the disease is increased by removing patients from their own dwellings, even when they are surrounded by unfavorable hygienic circumstances. This increased mortality may be due to the delay of treatment, to the exposure and fatigue of transportation, and to the mental depression induced by it. It would, however, seem desirable to remove to houses of refuge persons attacked with premonitory diarrhoea, while living in decidedly unhealthy localities.

"The estimated expense of the proposed system of visitation, including medicines, disinfectants, etc., is about fifty thousand dollars."

This plan should be at once adopted. Even twice and thrice the amount will be a cheap expenditure, in view of the benefits to be derived from it.

WM. WARREN GREEN, M. D., Professor of Surgery in Berkshire Medical College, has recently been appointed to the same chair in the Medical School of Maine, in place of Professor CONANT, deceased.

The Protective Power of Vaccination.

In a business note, Dr. W. T. TALLAFERRO, of Cincinnati, says: "The cause of so many vaccinated persons subsequently having small-pox is the deterioration of the cow-pox by passing from arm to arm. * * Vaccinations performed from the cow direct I consider a perfect protection. I was vaccinated in 1805 by a travelling English gentleman, and have since witnessed severe cases of small-pox, while a student in Philadelphia in 1818 under PHYSIC, and in 1819-20, under DORSEY; again, under MOTT in New York in 1824-5. I dissected a case deceased of small-pox in New York, and have attended many cases since, without an attack of the loathsome disease. I have attended many who had been vaccinated who were subsequently attacked by confluent small-pox."

The Reason Why.

The editorial reviewer in a recent number of a quarterly American journal of medicine finds it remarkable that Prof. SYME and Mr. SPENCE, in recent addresses before the British Medical Association, ignore the doings of American surgery.

We do not find it remarkable. In the same number of the same journal, the FOREIGN department in editorial abstracts is represented by 113 pages,—the DOMESTIC summary by two pages and fifteen lines! We never knew a man respected by others, who did not respect himself, and American medicine and surgery will be ignored abroad in the same ratio as we show our dependence on foreign medicine and surgery.

I observe my name attached to a circular issued by G. T. BARKER, dentist, on the subject of the nitrous-oxide gas. Such a use of it is altogether unauthorized. D. HAYES AGNEW, M. D.

The Government Cholera Hospital at Sandy Hook

Brevet Col. C. S. TRIPLER, Brevet Col. W. J. SLOAN, Surgeons, U. S. A., and Brevet Col. A. H. HOFF, Surgeon, U. S. Vols., have been appointed a Board to act in conjunction with Dr. J. B. JONES, Health Officer of Brooklyn, and Drs. JOHN SWINBURNE and LEWIS A. SAYRE, of New York, to examine and report fully upon the most desirable location for a hospital on the Government lands at Sandy Hook. The selection will be made with due reference to the safety of our troops stationed there, engaged in the construction of fortifications.

New Jersey presents a vigorous protest against any such proceedings. It strikes us, however, that New Jersey, with her immense population in the immediate vicinity of the great city of New

York, is quite as much interested in this matter as that city itself.

Dr. Chapman's Treatment of Cholera.

Seven cases of "successful (?) treatment by cold and heat along the spine"—of cholera in Southampton are related by Dr. CHAPMAN in the *Medical Times* and the *Dublin Medical Press*. In reading these published cases carefully, we come to the following conclusions: 1st Case. There is no evidence whatever that Case No. 1. was really one of cholera. 2d Case. This case appears to have been a very mild one. Recovered. 3d Case. Recovered. 4th Case. Mild case. No rice-water discharges mentioned. Recovered. 5th Case. Recovered. 6th Case. Died. 7th Case. Died.

Resigned, not Discharged.

In a late number we announced that Dr. CHAS. A. McCALL, of this city, Ass't Surgeon, U. S. A., had been discharged from the service. Dr. McCALL resigned, we understand, after receiving the brevet of Major, for faithful services at the head of one of the largest military hospitals in the country. It is probable that the rest, both surgeons and assistant surgeons, in the same list with Dr. McCALL, also resigned.

Correspondence.

DOMESTIC.

Polydactylism.

Dr. GEO. COWAN, of Danville, Ky., in a business note gives the following account of an interesting case of polydactylism.

I saw recently a case of polydactylism in a new born infant, which I will give you a note of as I am writing. I was called to attend in labor a very robust young mulatto woman a few weeks since, the mother of three children, all of whom were born with the usual number of fingers, with the addition of a rudimentary finger, attached about the middle of the first phalanx to each little finger. The child was born before my arrival, and as soon as the placenta had been delivered, this woman called for the child, in order to look for, as she characterized it, the usual mark by which her husband, having been born, as she said, with identically the same peculiarity, always recognized his own progeny! It consisted of the third phalanx, very nearly the size of the same part of the little finger, and attached to it by a small fleshy cord or pedicle, about the size of small wrapping twine, through which the nutrient vessels were distinctly seen. The fingers were firm,

evidently containing bony formation, and a small but perfect nail on one, and but a rudimentary nail on the other—in fact, each nearly a perfect third phalanx. On examining the man, I found a small scar at the place on the little finger, in which these formations occurred in four of his children. Being himself the child of a white man, he could give no further trace of it in his ancestors, but in himself and his children, it is a constant peculiarity. The man and his wife are both robust, active, and healthy, but the woman is particularly fine-looking, well-developed, and full of animal life. These cases of excessive development in the human ovum are of such ordinary occurrence as to excite no interest and but little discussion, but may they not be of scientific interest enough to keep before the physiologist for solution? At any rate, it seems to me that more study devoted to these exceptional cases, which are actual facts, might throw more light on the general laws which govern the origin and development of animal life than many of the labored discussions of vexed questions which have nothing but hypothetical data for a basis. Parallel cases are of frequent occurrence in the vegetable kingdom, and ought to invite more investigation.

Cholera.

The venerable Dr. W. T. TALIAFERRO, of Cincinnati, survivor of the battle of Lake Erie, Sept. 10, 1813, and of the River Thames, which ended the war in the Northwest, writes in a business note as follows, concerning the contagiousness of cholera: "The cholera is not contagious. It is coming despite quarantines or sanitary commissions. Nothing on this earth can stay the wind or the dreaded epidemic." Dr. TALIAFERRO has combatted cholera on eight different occasions—in Kentucky, Oct. 1832 and 1833; in Cincinnati, in 1849, '50, '51, '52, '53, and '54. In the latter year, Dr. T. himself had a severe attack of cholera at the meeting of the American Medical Association in St. Louis.

Anesthesia from the Internal Use of Chloroform.

Noticing an article on chloroform in the REPORTER of October 28th, Dr. J. N. FREEMAN, of Morris, Illinois, late Surgeon 106th N. Y. S. I., writes as follows:

"On the 2d of July last, at the Delavan House in Albany, my brother, J. A. FREEMAN, M. D., who was with me, was attacked with cholera morbus, with crampings so severe as made him cry out with pain. I gave him various remedies without avail, till at last the urgency of the symptoms induced me to give him twenty-five drops of chloroform internally, and repeat the

dose in about five minutes, when the anæsthetic effect was speedily manifested, rendering him perfectly insensible. Dr. J. V. P. QUACKENBUSH was present before he recovered from the stupor produced by the chloroform, and as the crampings partially returned, advised another dose of chloroform internally, which again produced its anæsthetic effect, after which there was but little return of the crampings, and we were able to resume our journey the next day."

News and Miscellany.

Cholera in Constantinople.

The following graphic account of the cholera in Constantinople we take from the correspondence of the *New York Tribune*, under date of Constantinople, August the 23d:

"Constantinople has thrice before been visited by the Asiatic cholera, but the former visitations have been of small importance in comparison with the present.

Fifty days have passed since its first authenticated appearance in the city, and not less than fifty thousand persons have been swept into eternity by its ravages. It reached its height about August 6, when it is supposed that the deaths were not less than three thousand a day for several days.

The published report of deaths in the city has never reached this point, but it is known to all, that to prevent a general and uncontrollable panic, these reports have been deliberately falsified. I have made careful investigations upon this point, and am able to speak without fear of contradiction. Take a single day for example, since the decline has commenced. On August 14th the official reports, as published, represented the deaths for that day at 279. The official returns, as actually made to the Grand Vizier and as registered in his office, show the deaths on that day to have been 1,689!!—six times the number reported in the published bulletins.

These published statements make the whole number of deaths only about 15,000. At the rate of August 14th this would give 90,000 as the real number of deaths, but this estimate is too large. Since the number of deaths has fallen below a thousand a day, the ratio has been very much less.

Fifty thousand is a fair estimate, including all quarters of the city—the military garrison and the naval contingent. More than one hundred thousand persons besides have fled from the city. This number of deaths, in addition to those who have fled, in a population of a million, has changed the city from a busy mart of trade, to a city of the dead and dying. Whole families have been swept off in a day, and hundreds of houses left tenantless. I know several English families where the father and all the children have died within a week. I know of a family which consisted of a grandfather, his son, his son's wife and four children. No cholera had appeared in their quarter of the city; but suddenly it came, and in two days left the old grand-father the sole living representative

of the family. Certain quarters have suffered so severely that the surviving inhabitants have left their houses, their unburied dead—everything not easily moved—and have fled in dismay to open fields beyond the city.

At certain points dead bodies, in some cases uncoffined and naked, have been literally piled up by scores, waiting transportation to the burial places. One of the cholera hospitals on the old city wall next the sea had a slide arranged, down which the dead bodies were shot into boats to be buried in the sea.

Two weeks ago one could not go into the streets without meeting dead bodies hurried off to burial, and litters with those struck down in the streets at every turn. Even the Golden Horn was covered with boats, carrying each from one to fifty dead bodies. Those were dreadful days—enough to almost overwhelm the calmest and most fearless man. The very sight of all the mourning and terror—of all the dead and dying, for whom you could do so little—was enough to crush the heart. Things are better now. The deaths do not probably exceed 200 a day, and men are once more beginning to breathe freely—to look about them and see who is gone and who is left.

Only one death has occurred in the little American colony here. The youngest son of the Rev. Mr. WASHBURN died two weeks ago after a few hours illness.

The American missionaries have devoted themselves to the care of the sick and dying among the poorer classes, and under their treatment hundreds of lives have been saved. While the average mortality in the city has been about 65 per cent. Of those attacked, under the treatment of the American missionaries the mortality has not exceeded five per cent. Or setting aside all those lighter cases which might be classed as cholérine. The mortality under their treatment in these fully developed cases has been only fifteen per cent. It is believed that this is a greater success than has ever before been attained in epidemic cholera. I presume that they will publish their method of treatment for the benefit of others. If they do so, I will forward you a copy at once. I think I indicated, in a previous letter, in a general way, what this method is.

The cholera has not followed any known laws in its progress here. It has been supposed that it avoided high and airy localities, but here it has raged with the greatest severity in some of the highest, best ventilated, and most cleanly quarters of the city, where in previous epidemics not a single case had occurred.

Another singular fact is, that the mortality among the Europeans has been much greater since the decline of the disease than it was when it was at its height.

Another fact is, that those who have fled from infected districts, in perfect health, have generally been attacked with the disease as soon as they reached their new, and before that, healthy place of refuge.

It is said that the swallows, and several other kinds of birds, deserted the city at the commencement of the epidemic, and are only now beginning to return—and I believe this to be a fact.

It is also said, that the gilding on the carques

in the Golden Horn and Bosphorus has tarnished, especially in those localities where the cholera has raged most severely.

There has been nothing strange, portentous, or awful in the aspect of the heavens, or the state of the weather, during the epidemic. On the contrary, the summer has been delightful. I have never known more perfect weather in Constantinople. For two months before the cholera came, the health of the city was better than it has been for years, and the weather has remained the same during the epidemic that it was before.

I have carefully read the description of the cholera in "*Wood's Theory and Practice of Medicine*," and it is wonderfully correct, although the treatment of the disease there recommended is not, as a whole, the one which I should recommend. I would not give calomel until after the disease was mastered. Nor would I adopt any one of the courses there suggested in brief, as having found advocates in various quarters."

The Cattle Plague.

The Department of State is in receipt of important advices from the United States Consul at Manchester, England, in reference to the cattle plague. The report represents that there is no abatement of the great plague that has for several weeks past created such alarm in England. The disease threatens to extend to all the agricultural districts in the British Islands. Prayer is now made at morning and evening services in all the churches for the stay of this pestilence. (A copy of this prayer has been received at the Department.) The plague is mainly confined to horned cattle, but has in a few instances broken out with great virulence in flocks of sheep.

The disease is highly contagious, and it may be well worthy of inquiry as to whether there is not danger that it may be transmitted, to the great loss of our country, across the Atlantic.

The Consul urges the absolute prohibition of the importation of foreign stock for a limited period, or, if that is not advisable, the enforcement of a rigid quarantine upon imported animals during the period of danger may probably be proper objects of Government concern.

It is supposed the disease was carried from Russia in imported hides.

Stimulating v. Reducing Treatment.

A foreign paper says the distinguished President of the Royal Academy has had a severe attack of pneumonia and dysentery during his visit to Milan, for which he was treated by three local physicians, by bleeding, blistering, mercury and starvation. After he had been reduced by these means to an alarming state of prostration, Lady EASTLAKE telegraphed for Dr. EASTLAKE, of London, who has by a stimulating and tonic plan of treatment succeeded in restoring his relative to convalescence.

Richmond Medical College.

This institution was formally opened on Wednesday evening of last week. Professor R. C. COLEMAN, one of the Faculty, delivered the opening address. The medical profession were largely represented.

An Old Society.

The Medical Society of the County of Cumberland, N. J., recently held its fifty-ninth anniversary. A large proportion of the regular practitioners of the county sustain these meetings with increasing pleasure and profit in the discussions. This Society is a branch of the venerable State Society which has made arrangements to celebrate its centennial anniversary in January next, it being the oldest medical society on the continent.

Medical Prize.—Expectant Medicine.

One hundred dollars have been placed in the Treasury of the Massachusetts Medical Society, to be offered by the Councillors as a prize for the best dissertation on the following subject, the award to be made by a committee consisting of the President of the Society and four Fellows nominated by him:

"Expectant Medicine—the extent to which it is practised at the present day, and the modes in which it is disguised or counterfeited."

Essays must be forwarded to the Chairman of the Committee on or before October 1st, 1866, each with a sealed envelope containing the name of its author, in the usual way.

AUGUSTUS A. GOULD,
Chairman of Committee.

Boston, October, 1865.

In accordance with the above announcement, the following committee has been appointed, namely, Dr. HENRY J. BIGLOW, Dr. SAMUEL L. ABBOT, Dr. CALVIN ELLIS, and Dr. DAVID W. CHEEVER.

The Rain-fall of September, 1865.

Prof. SNELL, of Amherst, Mass., states that he has not, during twenty-seven years, recorded so small an amount of rain for a single month as during the month of September last. The water measured only thirty-eight hundredths of an inch.

Reformed Inebriates.

Good accounts are received respecting the workings of the New York State Inebriate Asylum at Binghamton, which has been open for the reception of inmates about a year. Dr GARISON says:

"The doubts which, in the minds of many, attached to the possibility of success in the management of an institution for this unique purpose are being rapidly dissipated; and the devotion, industry, and intelligent perseverance of its noble-minded founders are now being rewarded by the restoration to their families, to society, and to themselves, of many of the most intelligent and brightest minds among our fellow-citizens. Men who are neither criminals, lunatics, nor idiots, but who, in consequence of evil associations in early life, or insufficient strength to resist the enticement of the degrading cup, have been reduced to conditions parallel thereto, are here brought to see the errors of their practices, and to feel that they can be restored to lives of temperance, virtue, and usefulness.

Fossil Human Remains.

At the late meeting of the British Association for the advancement of science, which met this year at Birmingham, Mr. PENGELLY exhibited an extraordinary collection of fossil remains of extinct animals and human implements, dug out of KENT's Cavern in Torquay, England, and gratified the curiosity of the persons present by an elaborate description of them, followed by the reading of a paper on the disputed subject of the antiquity of man. Some of the latest discoveries and speculations are as follows:

"The excavations have been conducted with great care and upon a regular system, and some of the articles found, even on the upper surface, were supposed to represent from one thousand five hundred to two thousand years. The scientific explorers said it was impossible to doubt either the human origin of the implements or their in-occupation, in undisturbed soil, with the remains of the mammoth, the cave bear and their extinct contemporaries. As far as their researches had gone they had not, like Mr. GODWIN AUSTEN, found the bones of man mixed up, in undisturbed soil, with those of extinct animals; but there was no improbability in the statement of that distinguished geologist. The committee reminded those who were disposed to attach importance to the fact that men's bones are not forthcoming as readily as their implements; that in the black mould, as well as in the red loam, the only indications of man's existence were remnants of his handiwork. Pottery, bone, implements and ornaments in metal and stone, the remnants of his fires and the relics of his feasts, were numerous, and betokened the lapse of at least two millennia; but here, as well as in the older deposits below, the committee had met with no vestige of his osseous system."

Sir R. MURCHISON spoke of the great value of the committee's labors, and said he intended to propose a vote of £200 to enable them to continue the excavations.

Sir CHARLES LYELL expressed the opinion that man existed contemporaneously with these extinct animals, and said that those who, after forty years of inquiry and discussion by scientific men, denied this because they had not found human bones also, ought to bring forward some unanswerable objections, adding that the course they were now taking obstructed the progress of knowledge.

Professor PHILLIPS also supported the theory of the contemporaneity of man with the extinct animals, but thought it would be more satisfactory if the exploration of the cavern was continued. Some further discussion followed, in the course of which it appeared that thousands of similar specimens might yet be dug out of the cave, and distributed amongst the various museums of the country. Here is a hint for American collectors.

The collection exhibited is to be presented to the British Museum.

Government Hospital Patients.

The number of sick and wounded in the Government hospitals throughout the country is less than five thousand. Eight months since there were over one hundred thousand patients.

Statistics of Weight.

There were 23,000 persons weighed during the recent Fair of the Massachusetts Charitable Mechanic Association.

The average weight of men was 141½ lbs.

Average weight of women was 124½ lbs;

Among the number were 152 men weighing 200 lbs., whose average weight was 215½ lbs., and 31 women whose average weight was 219½ lbs.

The largest man weighed 293 lbs.

The largest woman weighed 274½ lbs.

Secretary STANTON weighed 180½ lbs.

Liberal Bequests for Scientific Objects by a Physician.

The executors of the will of the late Dr. WILLIAM J. WALKER, of Boston, have notified the trustees of the Society of Natural History, the Institution of Technology, and Amherst and Tufts Colleges, that they are ready to pay into the treasury of each of those Institutions the sum of one hundred thousand dollars, as instalments of the legacies bequeathed to them by the will. This is about one half the sum which it is expected each of these Institutions will receive from this source.

Keeping Quarantine.

A noble lady living in a chateau near Aix, which is walled round, has taken measures to prevent the cholera seizing her. The gates have loopholes, and armed peasants, sharing the terrors of their mistress, keep a constant guard. Letters directed to her manor-house are picked up with a pair of tongs and fumigated. Near the gate there is a pavilion where relations and friends pass quarantine, and are fumigated.

Medicine among the Chinese.

A late number of the new series of the *Journal of the North China Branch of the Royal Asiatic Society* contains a paper by Dr. HENDERSON on "The Medicine and Medical Practice of the Chinese." We learn from it that several medical works have been published in Chinese by Dr. HOBSON, at the cost of the British and other foreign merchants. The first volume, that on Physiology, became so very popular, that some persons holding high official rank republished it in Canton. This, in China, is considered an extraordinary mark of respect to the author of a book. Dr. HENDERSON gives a translation of the Chinese editor's preface, which shows that the medical practitioners of that country are by no means so unwilling to be taught as is generally supposed. The editor says: "Viewed as a means of opening up new trains of thought and stimulating the mind to understand the mode of curing disease, the book itself can hardly fail to be of service to the members of the profession, and on this account, therefore, I have been induced to give it a place in my collection, and have endeavored in these prefatory remarks to indicate briefly its merits and defects." These four volumes have also been printed and published in Japan.

French Surgery.

"During my stay in Paris," writes Professor CHARES A. POPE to the *St. Louis Medical Journal*, in a recent letter, "there have been six operations for strangulated hernia—two of the patients recovering. Without mentioning names. I will state that in one case the wound was stuffed with lint, saturated with alcohol. The next day after the operation the bowel had re-descended, and was found on the thigh of the patient covered with bits of charpie. The *Interne* of the Hospital returned the bowel within the abdomen, lint and all. The patient died the next day."

In another case the surgeon deliberately cut off ten inches of intestine, which, although somewhat dark, was still viable. Having invaginated the ends, and attempted to return the bowel, the surgeon finding still a large opening in his stitches, removed them, and left the parts, in situ, free and unredressed. This patient also died the following night."

MARRIED.

CHAPMAN-DAVOL.—Nov. 16, at the residence of the bride's father, by Rev. T. L. Cuyler, Edwin N. Chapman, M. D., and Maria B., daughter of John Davol, all of Brooklyn.

HILL-DARBY.—Nov. 5th, by Squire Hopkins, James Hill, M. D., and Miss Sarah Darby, both of Delhi Township, Hamilton co., Ohio.

KEIR-BLUNDEN.—On the 10th inst., by the Rev. Mr. Martin, W. G. Keir, M. D., late Surgeon Ninety-first Pennsylvania Volunteers and Miss Nellie Blunden, daughter of Mr. James Blunden, both of West Philadelphia.

KIERMAN-SANDS.—Nov. 15, at the residence of the bride's father, by Rev. Geo. E. Thrall, Gen. James Louis Kierman, appointed United States Consul to Ching Kiang, China, and Harriet Josepha, eldest daughter of Joseph T. Sands, Esq., of Brooklyn.

Gen. KIERMAN is one of those who during the late war laid aside the scalpel and took up the sword, which he wielded with so much bravery, that the close of the war found him advanced to the grade of Brigadier-General. Dr. KIERMAN was formerly one of the editors of the *New York Medical Press*, an excellent weekly, which was discontinued about the time of the breaking out of the war. Associated with him was Dr. W. O'Meara, who also served through the war as a surgeon.

MAUBEY-COOKLEY.—At Little Britain, Orange co., N. Y., Oct. 19, by the Rev. G. H. Mandeville, Jerome A. Maubey, M. D., and Fannie A., daughter of Justus Cookley, Esq.

RAY-COCHRAN.—At the home of the bride, in Hickory, Pa., by Rev. J. C. Caldwell, Alexander Ray, M. D., and Miss Tamar Cochran.

TWEEDLE-LEADENHAM.—Nov. 14th, by the Rev. E. T. Swarts, at the residence of the bride's father, Weatherly, Pa., James B. Tweedle, M. D., of Beaver Meadow, Pa., and Miss Mary A. Leadenham, of Weatherly.

WINTER-RIEGER.—On the 2d inst., by Rev. C. C. Riggs, D. D., at his residence in Clarksville, Pa., L. R. Webster M. D., of Farmington, Ohio, and Miss Lizzie B. Riggs, eldest daughter of the officiating clergyman.

DIED.

BUCKLEY.—In this city, Nov. 15th, Dazsne E., son of Dr. W. C. and Sallie E. Buckley, aged 1 year.

BUNNELL.—In New York, Nov. 17th, after a brief illness, Ann, widow of Marmaduke H. Barrell, M. D., in the 71st year of her age.

GOBLE.—In Newark, N. J., Nov. 16th, Mrs. Abby L. Goble, wife of the late Dr. J. G. Goble.

KIRMAN.—At Jamaica, L. I., Nov. 19, George Hoffman Kirman, M. D., in the 56th year of his age.

ROBERTS.—In Harrisburg, Pa., on the 10th inst., E. W. Roberts, M. D., for thirty-five years a practitioner of medicine in that city.

SHIPPEN.—In this city, Nov. 17th, Anna Maria Shippen, relict of the late Dr. Joseph Galloway Shippen, in the 77th year of her age.

SHREVE.—Nov. 16th, Ridgway Stockton, son of Dr. J. R. and the late Mattie M. Shreve, aged 6 months and 28 days.

SMITH.—At Williamsburgh, N. Y., Nov. 17, James McConne Smith, M. D., aged 52 years.

YARD.—At his farm near Pennington, N. J., Nov. 10, Benjamin F. Yard, eldest son of Edmund J. and Jane M. Yard, late Assistant Surgeon 14th New Jersey Regiment, in the 40th year of his age.

OBITUARY.

Samuel Stuart Griffin, M. D.

Died, in Williamsburg, Virginia, on the 19th of December, 1864, SAMUEL STUART GRIFFIN, M. D., in the eighty third year of his age.

Dr. GRIFFIN was a son of the distinguished Judge CYRUS GRIFFIN, of Va., and Lady CHRISTINA STUART, daughter of the Earl of Trequair, of Scotland.

He was a gentleman of high order of intellect, and of the most finished education, received from European and American Universities. William and Mary, and the University of Edinburgh, were his *alma matres*. Possessed of fine literary and classical attainments, he was an elegant and forcible writer.

On his return from Europe, where he prosecuted his medical education in the University of Edinburgh, he married Miss JAMES, of Gloucester, Virginia, a lady of exceeding gentleness and loveliness of character, and whom he survived eighteen years.

For more than fifty years he was a practitioner of medicine, and his patients remember, with feelings of obligation, his kindness and medical skill.

Frequently, during his lingering disease, he expressed his faith in the supreme efficacy of the all perfect sacrifice, by which all souls may be ultimately holy and happy. He was a devout believer in the sublime and glorious truths of Christianity.

ANSWERS TO CORRESPONDENTS.

Dr. G. B. C. Hawley, Pa.—Your note was laid aside and has been neglected.

1. "Pulverized water" is water having its particles in a state of very minute division—a fine spray. Take a block of wood two or three inches square, half an inch thick, more or less; two glass tubes, three or four inches long; draw them to a point at one end, having an aperture say, of a line. Adjust these tubes on the edges of the block so that the centre of the aperture of one of them will just reach the edge of the small end of the other tube, and fasten them there. Insert the projecting end of one tube in water, and propel air forcibly through the other. In this way a pulverizer can be extemporized which will often be found useful. See Treatment of Croup by Inhalations of Lime water, on page 171 of current volume of the *REPORTER*.

2. In the article referred to, "injections" is used synonymously with "inhalations," the "pulverized" water being the article referred to.

Dr. T. H. D. Emmaville, Pa.—Turnbull on Defective and Impaired Vision, sent by Mail, Nov. 14th.

Dr. W. F. P., Iowa.—The "Banting Mania," or "Bantingism," referred to in a recent number of the *REPORTER*, is a theory for the reduction of obesity by the use of animal food chiefly—the almost entire avoidance of farinaceous and vegetable food. Dr. BANTING has published something on the subject, and one of his works has been re-issued in this country, where there is practically less need of such a mode of treatment than in England. There it is exceedingly popular, and is reported to be very successful.

METEOROLOGY.

November	13,	14,	15,	16,	17,	18,	19.
Wind.....	S. W.	S. W.	S.	S.	S. W.	N. W.	N. E.
Weather.....	Clear.	Clear.	Clear, haze.	Clear, haze.	Clear, dense fog.	Clear.	Cl'dy.
Depth Rain.....							
Thermometer.							
Minimum.....	28°	34°	36°	40°	55°	43°	43°
At 8 A. M.....	36	50	47	56	58	51	50
At 12 M.....	55	61	60	65	64	57	51
At 5 P. M.....	56	62	61	66	66	54	49
Mean.....	43.75	51.75	50.	56.75	60.75	51.25	48.
Barometer.							
At 12 M.....	30.1	30.	30.2	30.2	30.	30.1	30.1

Germanstown, Pa.

B. J. LEXSON.